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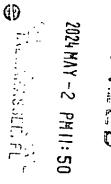
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COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	THIR PROPERTIES, LLC				
SOBOLO	Name of Limited Liability Company				
The encl Existence	osed "Application by Foreign Limited e, and check are submitted to register	d Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida			
Please re	turn all correspondence concerning the	nis matter to the following:			
	Mary Thir				
		Name of Person			
	Thir Properties, LLC				
	· · · · · · · · · · · · · · · · · · ·	Firm/Company			
	1655 Silverthread Dr				
		Address			
	Reno, NV 89521				
		City/State and Zip Code			
	m_thir@charter.net				
	E-mail add	dress: (to be used for future annual report notification)			
For furth	ner information concerning this matter	r, please call:			
	Mary Thir	775 750-6097			
	Name of Contact Pe				
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
	P.O. Box 6327	The Centre of Tallahassee			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
		Tallahassee, FL 32303			
	Enclosed is a check for the following Please make check payable to: FLOI	; amount: RIDA DEPARTMENT OF STATE			
	□ \$125.00 Filing Fee ■ \$130.0	0 Filing Fee & \$\Bigcup \\$155.00 \text{ Filing Fee & } \Bigcup \\$160.00 \text{ Filing Fee, Certificate} \\ \text{Certificate of Status } \text{Certified Copy} \text{ of Status & Certified Copy} \\ align*			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limited I	LIABILITY COMPANY, "L.L.C.," or "LUC.")	1
ame unavailable, enter alternate t	name adopted for the purpose of transacting business in Flori	ida, The alternate name must include "Limited I	Liability Company," "L.L.C," or "LLC
NEVADA		20-5400725	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI num	iber, if applicable)
· • • •	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.) penalty liability)	
1655 Silverthread Dr		1655 Silverthread Dr	
et Address of Principal Office)		6. (Mailing Address)	
Reno, NV 89521		Reno, NV 89521	
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name and street addres Name:	ss of Florida registered agent: (P.O. Box) Shawn Peacher	NOT acceptable)	GD
		NOT acceptable)	~
Name:	Shawn Peacher	NOT acceptable) 34211	2024 HAY -2
Name:	Shawn Peacher 9916-A Marbella Dr	 34211	~

Mary H Thir

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Mary H Thir Laurence G Thir Name: ■ Manager ■ Manager Address: ____ 1655 Silverthread Dr □Member Address: □Member Reno, NV 89521 Reno, NV 89521 ☐ Authorized ☐ Authorized Person Person □Other_____ Other____ □Other_____ □Other_____ □Manager Name: _____ □Manager Name: _____ □Member ☐ Member Address: Address: ☐ Authorized ☐ Authorized Person Person □Other____ Other____ Other____ □Other Name: _____ Name: _____ Manager ☐Manager Address: □Member Address: ☐Member ☐ Authorized ☐ Authorized Person Person ☐ Other_____ Other____ □Other_____ Other ___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. know 11 Da Signature of an authorized person

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **THIR PROPERTIES**, **LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 07/24/2006, and is in good standing in this state.

Certificate Number: B202401304307471

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/30/2024.

FRANCISCO V. AGUILAR Secretary of State